erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are

LAND USE - X
SANITARY - 21-214S
SIGN SPECIAL - NA
CONDITIONAL -

BOA -

# BAYFIELD COUNTY PERMIT

## WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

**Date** 

No: 10212101-2022 Tax ID: 34943 Issued To: MATTHEW J & KAREN M **BRODERSON** Location: LOT 1 CSM #2021 IN V.12 P.39 Section 31 Township 51 N. Range 06 W. (LOCATED IN GOVT LOT 2) DESC IN DOC 2021R-591207 Govt Lot 0 Lot O Block 0 **Subdivision:** CSM# 2021 For: Residential / Residence / 36L x 30W x 20H, Deck: 14L x 14W x8H Condition(s): Must obtain a Uniform Dwelling Code (UDC) Permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks. Must be 100ft from current bluff edge. Permit includes a 14' x 14' screen porch (listed as deck on application). NOTE: This permit expires one year from date of issuance if the authorized **Todd Norwood** construction work or land use has not begun. **Authorized Issuing Official** Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the **Tue Feb 22 2022** application information is found to have been misrepresented.

LAND USE - X
SANITARY - 21-213S
SIGN SPECIAL - NA
CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

## WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

No: 10222102-2022 Tax ID: 34944 Issued To: MATTHEW J & KAREN M **BRODERSON** Location: LOT 2 CSM #2021 IN V.12 P.39 Section 31 Township 51 N. Range 06 W. **BELL** (LOCATED IN GOVT LOT 2) DESC IN DOC 2021R-591207 Govt Lot 0 Lot 0 Block 0 **Subdivision:** CSM# 2021 For Residential / Residence / 56L x 24W x 15H, Deck: 56L x 12W x12H Condition(s): Must obtain a Uniform Dwelling Code (UDC) Permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks. Must be 100ft from current bluff edge. Permit includes two patios per provided plans: (1) 12' x 56' and (2) 4' x 26' and 8' x 8' (listed as deck on application). NOTE: This permit expires one year from date of issuance if the authorized **Todd Norwood** construction work or land use has not begun. **Authorized Issuing Official** Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the **Tue Feb 22 2022** application information is found to have been misrepresented, erroneous, or incomplete. **Date** 

This permit may be void or revoked if any performance conditions are

#### STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) 373-6138

Authorized Agent:

Address to send permit 1760 250 Ave

#### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

SS0S O F NAL

Permit #:	22-0017	
Date:	2-8-2022	
Amount Paid:	\$7500 1-11-22	AIG
Other:		
Refund:		

ISTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

RECEIVED

Shoreland	wetlands resent?
Telephone: Telephone: Telephone: Telephone: Cell Phone: Cell Phone: Cell Phone: Tis - Zold Contractor: Contractor Phone: Plumber: Plumber: Plumber: Plumber Phone: Agent Mailing Address (include City/State/Zip): Written Authorized Agent: (Person Signing Application on behalf of Downer(s))  PROJECT Legal Description: (Use Tax Statement) Tax ID# Recorded Document: (Showing Owner Location) Recorded Document: (Showing Owner Location) Recorded Document: (Showing Owner Section 34, Township 51 N, Range 6 W Town of: Distance Structure is from Shoreline: If yes—continue Distance Structure is	wetlands resent?
Cell Phone: 22200 Blve berry Lane City/State/Zip: 215 - 206  Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Agent Phone: Agent Mailing Address (include City/State/Zip):  Written Authorized Agent Mailing Address (include City/State/Zip):  Recorded Document: (Showing Outhorized Agent Mailing Address (include City/State/Zip):  Brook Agent Mailing Address (include City/State/Zip):  Brook Agent Mailing Address (include City/State/Zip):  Broo	wetlands resent?
Cell Phone:    Tis - Zoid   Contractor   Contractor	wetlands resent?
Contractor:  Contractor Phone:  Plumber:  Agent Mailing Address (include City/State/Zip):  Written Authorized Agent: (Person Signing Application on behalf of Devener(s))  PROJECT LOCATION  Legal Description: (Use Tax Statement)  1/4,1/4	wetlands resent?
Agent Phone:    Plumber:   Plumber:   Plumber:   Plumber:   Plumber:   Plumber Phone:   Agent Mailing Address (include City/State/Zip):   Written Authorized Agent: (Person Signing Application on behalf of Dwner(s))   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Written Authorized (for Dwner(s))   PROJECT   Legal Description: (Use Tax Statement)   Tax ID#   Recorded Document: (Showing Owners 1/4,	wetlands resent?
PROJECT LOCATION  Legal Description: (Use Tax Statement)  1/4,	Agent) hip)  550  Wetlands resent?  Yes
PROJECT LOCATION  Legal Description: (Use Tax Statement)  1/4,	Agent) hip)  550  Wetlands resent?  Yes
PROJECT LOCATION  Legal Description: (Use Tax Statement)  Tax ID#  Recorded Document: (Showing Owners 2021 R 5893  1/4,	Wetlands resent?
1/4,1/4   Gov't Lot   Lot(s)   CSM   Vol & Page   CSM Doc #   Lot(s) #   Block #   Subdivision:	Wetlands resent?
Section 34 , Township 51 N, Range 06 W Town of:  Section 34 , Township 51 N, Range 06 W Town of:  Shoreland Shorelan	Wetlands resent? XYes
Section 34 , Township 51 N, Range 06 W Town of:  Section 34 , Township 51 N, Range 06 W Town of:  Shoreland	Wetlands resent? XYes
Shoreland    Shoreland   Shore	Wetlands resent? XYes
Shoreland    Shoreland   Shore	Wetlands resent? XYes
Shoreland  Creek or Landward side of Floodplain?  If yes—continue  Distance Structure is from Shoreline:  If yes—continue  Non-Shoreland  Creek or Landward side of Floodplain?  If yes—continue  Distance Structure is from Shoreline:  Non-Shoreland	resent? XYes
Shoreland	<b>X</b> Yes
If yescontinue → 754 feet  Non- Shoreland	
□ Non- Shoreland	□ No
Value of The	
Value at Time Total # of What Type of	
* include Project Project Project bedrooms Sewer/Sanitary System(s)	Type of Water
donated time # of Stories Foundation on Is on the property or	on
& material property Will be on the property?	property
	☐ City
□ Addition/Alteration □ 1-Story + □ Foundation □ 2 □ (New) Sanitary Specify Type:	Well
\$ 12 300	
a soliversion a stab	
Relocate (existing bldg)     Privy (Pit) or   Vaulted (min 200 gallon)	
□ Run a Business on Property  Use  None □ Portable (w/service contract) □ Compost Toilet □ Compost Toilet	
Year Round	
Existing Structure: (if addition, alteration or business is being applied for)  Length:  Width: Height: Proposed Construction: (overall dimensions)  Length: 2 # Width: 1 2 Height: 1 2	
Proposed Construction: (overall dimensions)  Length: 2   Width: 12   Height: 12	
Proposed Use   Proposed Structure Dimensions So	uare
Principal Structure (Surt et al. )	otage
Residence (i.e. cabin, hunting shack, etc.)	
Residential Use with Loft (X)	
with a Porch (X)	
with a Porch (X) with (2 <sup>nd</sup> ) Porch (X)	
with a Porch         ( X )           with (2 <sup>nd</sup> ) Porch         ( X )           with a Deck         ( X )	
with a Porch	
With a Porch	
with a Porch (	
with a Porch (	ų.
with a Porch  with (2nd) Porch  with a Deck  with (2nd) Deck  (X )  with (2nd) Deck  (X )  with Attached Garage  (X )  Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)  Mobile Home (manufactured date)	
with a Porch  with (2nd) Porch  with a Deck  with (2nd) Deck  with (2nd) Deck  with Attached Garage  With Attached Garage  Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)  Mobile Home (manufactured date)	8
with a Porch  with (2nd) Porch  with a Deck  With (2nd) Deck  with (2nd) Deck  With Attached Garage  With Attached Garage  Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)  Mobile Home (manufactured date)	8
With a Porch	28
With a Porch   (	8
With a Porch   (	8
with a Porch  with (2nd) Porch  with a Deck  with (2nd) Deck  with (2nd) Deck  with Attached Garage  Bunkhouse w/ (  sanitary, or   sleeping quarters, or   cooking & food prep facilities)  Mobile Home (manufactured date)  Addition/Alteration (explain)  Accessory Building (explain)  Accessory Building (explain)  Special Use: (explain)  Conditional Use: (explain)  Conditional Use: (explain)  Other: (explain)  Conditional Use: (explain)  Conditional Use: (explain)  Conditional Use: (explain)  Special Use: (explain)  Conditional Use: (explain)  Conditional Use: (explain)  Special Use: (e	
With a Porch	we) am
with a Porch  with (2nd) Porch  with a Deck  with (2nd) Deck  with (2nd) Deck  with Attached Garage  Bunkhouse w/ (  sanitary, or   sleeping quarters, or   cooking & food prep facilities)  Mobile Home (manufactured date)  Addition/Alteration (explain)  Accessory Building (explain)  Accessory Building (explain)  Special Use: (explain)  Conditional Use: (explain)  Conditional Use: (explain)  Other: (explain)  Conditional Use: (explain)  Conditional Use: (explain)  Conditional Use: (explain)  Special Use: (explain)  Conditional Use: (explain)  Conditional Use: (explain)  Special Use: (e	we) am nay be a sscribed

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Copy of Tax Statement

Date

\_\_ (See Note below)

- 16	750.0	CVA. P	
he	box be	low: Draw or Sketch yo	ur Property (regardless of what you are applying for)
	(1)	Show Location of:	Proposed Construction
	(2)	Show / Indicate:	North (N) on Plot Plan
	(3)	Show Location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
	(4)	Show:	All Existing Structures on your Property
	(5)	Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Ho
	(6)	Show any (*)	(*) Lake: (*) River: (*) Stream/Creek: or (*) Pond

Fill	Out in	Ink - N	OPE	VCII

Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

	*	

#### Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measureme			Description	Setback Measurements	
Setback from the Centerline of Platted Road	173	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	. 754	Feet
Setback from the Established Right-of-Way	140	eet		Setback from the River, Stream, Creek		Feet
-				Setback from the Bank or Bluff		Feet
Setback from the <b>North</b> Lot Line	754	Feet				
Setback from the <b>South</b> Lot Line 20 174	31 + 183	Feet		Setback from Wetland	220 -350	Feet
Setback from the West Lot Line	183	Feet		20% Slope Area on the property Bank Stope	■Yes □ N	lo
Setback from the East Lot Line	170 448	Feet	167	Elevation of Floodplain		Feet
uty						
Setback to Septic Tank or Holding Tank	145	Feet		Setback to Well	145	Feet
Setback to Drain Field	,	Feet				
Setback to Privy (Portable, Composting)		Feet				

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use	Only) Sanitary I	Number: Munic	ipal	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason fo	or Denial:			E-Fred antiquence
Permit #: 22 - 0017	Permit Da	ate: 2 -8 - 2	033	SECTION AND SECTION AND SECTION ASSESSMENT	
Is Parcel in Common Ownership	(Deed of Record) (Fused/Contiguous Lot(s))	INO	gation Required gation Attached		Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No ☐ No
Granted by Variance (B.O.A.)  ☐ Yes ☑ No Case #:	<b>#</b> :				
	Yes No No	CONTRACTOR OF THE PARTY OF THE	ere Property Line	es Represented by Owner Was Property Surveyed	Yes
Inspection Record: 5, to stacked rtakes easily found. No feet to meet 10' S	SE corner s tified owner to	take ineas	red 8's	to PL. Survey it west a Rew	Zoning District ( A ) Lakes Classification ( )
Date of Inspection: 2-1-22	Inspected	by: Todd	Norwood	d	Date of Re-Inspection:
Condition(s): Town, Committee or Board Co					0
Structure not for h	luman habita	stoon 1 stee	bind bas	poses. No pr	issurred water
or plimbing allowed	inside Structure	ctore, Mus	+ meet	and marita	on Selbacks.
Signature of Inspector:	) overod				Date of Approval:
Hold For Sanitary:   Hold Fo	or TBA: 🗆	Hold For Affidavit:		Hold For Fees:	_ 🗆

@@January 2000 (@August 2021)

LAKE Superior 393.20 RECEIVED Wetler 2 JAN 10 2022 Bayfield Co.
Planning and Zoning Agency 789.57 12' x24' shed to be placed here on grave 1 bed. 214.12 Blueberry 22200 Blue berry Ln. Cornucação, WÍ 54827

7

### Bayfield County, WI



#### Real Estate Bayfield County Property Listing

Today's Date: 2/2/2022

**Property Status: Current** 

Created On: 3/15/2006 1:15:03 PM

Description Updated: 6/28/2021

Tax ID: 7966

PIN: 04-010-2-51-06-34-2 05-004-70000 Legacy PIN: 010107910007

Map ID:

Municipality: (010) TOWN OF BELL STR: S34 T51N R06W

LOT 7 OF CSM #000740 BEING A PAR IN Description: GOVT LOT 4 IN DOC 2021R-589397

Recorded Acres: 7.550 Calculated Acres: 7.568 Lottery Claims: 0

First Dollar: Yes

Zoning: (R-1) Residential-1

ESN: 107

Tax Districts Updated: 3/15/2006 1 STATE 04 COUNTY 010 TOWN OF BELL 044522 SCHL-SOUTHSHORE 001700 **TECHNICAL COLLEGE** 

Recorded Documents Updated: 3/15/2006

WARRANTY DEED Date Recorded: 6/22/2021

2021R-589397 WARRANTY DEED

Date Recorded: 8/29/2011

2011R-539976 1067-282

**■** CONVERSION

Date Recorded: 562-146 Ownership Updated: 6/28/2021 **DENNIS V & ANN M FAWVER** LUCK WI

**Billing Address: Mailing Address: DENNIS V & ANN M FAWVER** 

1760 250TH AVE LUCK WI 54853

**DENNIS V & ANN M FAWVER** 1760 250TH AVE **LUCK WI 54853** 

Site Address \* indicates Private Road

22200 BLUEBERRY LN CORNUCOPIA 54827

Property Assessment Updated: 9/10/2015 2021 Assessment Detail Code Acres Land Imp. **G1-RESIDENTIAL** 7.550 198,900 27,200 2-Year Comparison 2020 2021 Change Land: 198,900 198,900 0.0% Improved: 27,200 27,200 0.0% Total: 226,100 226,100 0.0%



N/A

LAND USE - X
SANITARY - Municipal
SIGN SPECIAL CONDITIONAL BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	22-0017	•	Issue	sued To: Dennis Fawver (Ann Fawver)										
Location:	1/4	of	1/4	Section	34	Township	51	N.	Range	6	W.	Town of	Bell	
Gov't Lot		Lot	7	Blo	ck	Sul	bdivisio	on				CSM# 7	<b>'</b> 40	
Residenti		- Story 1	: Stora	ige Shed	(pre-l	ouilt) (24' x	12') =	288 s	sa. ft. 1	Heio	aht of	12'		

Condition(s): Structure not for Human Habitation or Sleeping Purposes. No Pressurized water or plumbing allowed inside structure. Must meet and maintain setbacks.

(Disclaimer): Any future expansions or development would require additional permitting

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE:	This permit expires one year from date of issuance if the authorized construction work or land use has not begun.	Todd Norwood, AZA
	Changes in plans or specifications shall not be made without obtaining approval.  This permit may be void or revoked if any of the application information is found	Authorized Issuing Official
	to have been misrepresented, erroneous, or incomplete.	February 8, 2022
	This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.	Date

### SUBMIT: COMPLETED APPLICATION, TAX **Jayfield County** Planning and Zoning Depart. PO Box 58 Washbun, WI 54891 (715) 373-6138

#### **APPLICATION FOR PERMIT** BAYFIELD COUNTY, WISCONSIN

#### Date Stamp (Received)

DEC 17 2021

Bayfield Co.

Permit #:	22-0016
Date:	2-8-2022
Amount Paid:	\$175 1-25-22 Spel use-A \$76
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

	MSTROCTION ON THE ALL PERIVITS	HAVE BEEN ISSUED TO	APPLICANT. Origin	nal Application N	//UST be submitte	ed FILL OUT IN IN	NK ( <mark>NO PE</mark>	NCIL)
TYPE OF PERMIT R	REQUESTED - LAN	D USE   SANITAL	RY   PRIVY	CONDITIONAL US	E SPECIAL US	E 🗆 B.O.A. 🗀 (	OTHER	rije in se page
Owner's Name:		Mailing	Address:		ity/State/Zip:	L 0 0.0.A.	Telephone:	
THOMAS	GOVEIA	208	39Th St		tokne IL	111245	relephone.	1
Address of Property	y: 0	City	City/State/Zip: HENBSIEN WE 54844 Cell					
Email: (print clear)	LA			VUL 5	10 11			
	ELINEDA	1X LOTTO N	EN VILES. 1	SMC		1		
Contractor:	A		Contractor Phone: Plumber:				Plumber Ph	one:
Authorized Agent: Owner(s))	(Person Signing Application on beha	Agent F	Phone: - 38 49	Agent Mailing Ad	dress (include City/St	tate/Zip):	Written Auth	
PROJECT Tax ID#								or Agent)
LOCATION	egal Description: (Use Tax Sta	itement)	774	3 Pag	e.1	Recorded Document: (S	Showing Owne 564	964
1/4,	1/4   Gov't Lot	Lot(s) CSM	Vol & Page CSM D		.	Subdivision:		
2.0			Town		le l			4 1
Section 20	_ , Township <u> </u>	ige <u>Ol</u> w	Town of:	HIL	ı	Lot Size	Acreage	.7
							40	710
	☐ Is Property/Land within:	300 feet of River, Stre	eam (incl. Intermittent)	Distance Struc	ture is from Shore	line : Is your Pro	operty	
☐ Shoreland —	Creek or Landward side of	75.71	yescontinue>			feet   in Flood;	piain	re Wetlands Present?
- Shoreland	Is Property/Land within	1000 feet of Lake, Po	nd or Flowage	Zone Zone		☐ Yes		
123717-15345		Ify	escontinue>		cture is from Shore	foot		-No
M Non-						_ reet	0	-130
Shoreland								
Value at Time				Total # of		Mhat Tuna of	CALL STATE	
of Completion		Project	Project	Total # of		What Type of		Type of
of Completion * include	Project	Project # of Stories	Project Foundation	bedrooms	Sewer	/Sanitary System(s		Water
of Completion * include donated time	Project	Project # of Stories	Project Foundation	bedrooms on	Sewer, Is or	/Sanitary System(s		Water on
of Completion * include		# of Stories	Foundation	bedrooms on property	Sewer, Is or Will be	/Sanitary System(something)  The property or  The on the property?		Water
of Completion * include donated time	Project   New Construction	# of Stories		bedrooms on	Sewer, Is or Will be	/Sanitary System(son the property or e on the property?  City		Water on
of Completion * include donated time & material		# of Stories	Foundation	bedrooms on property	Sewer, Is or Will be	/Sanitary System(something)  The property or  The on the property?		Water on property
of Completion * include donated time & material	□ New Construction □ Addition/Alteration	# of Stories  1-Story 1-Story + Loft	Foundation  Basement Foundation	bedrooms on property  1 2	Sewer, Is or Will be Municipal/C (New) Sanita	/Sanitary System(son the property or e on the property?  City  ary Specify Type:		Water on property
of Completion * include donated time & material	□ New Construction □ Addition/Alteration □ Conversion	# of Stories  1-Story 1-Story + Loft 2-Story	Foundation  Basement Foundation  Slab	bedrooms on property  1 2	Sewer, Is or Will be Municipal/C (New) Sanita  Sanitary (Exi	/Sanitary System(son the property or e on the property?  City  ary Specify Type:  ists) Specify Type:		Water on property  City
of Completion * include donated time & material	□ New Construction □ Addition/Alteration □ Conversion □ Relocate (existing bldg)	# of Stories  1-Story 1-Story + Loft	Foundation  Basement Foundation	bedrooms on property  1 2	Sewer, Is or Will be Municipal/C (New) Sanita  Sanitary (Exi	/Sanitary System(son the property or e on the property?  City  ary Specify Type:  ists) Specify Type:		Water on property  City
of Completion * include donated time & material	□ New Construction □ Addition/Alteration □ Conversion □ Relocate (existing bldg) □ Run a Business on	# of Stories  1-Story 1-Story + Loft 2-Story	Foundation  Basement Foundation  Slab Use	bedrooms on property  1 2	Sewer, Is or Will be Municipal/C (New) Sanita  Sanitary (Exi	/Sanitary System(s in the property or e on the property? City ary Specify Type: ists) Specify Type:		Water on property  City
of Completion * include donated time & material	□ New Construction □ Addition/Alteration □ Conversion □ Relocate (existing bldg) □ Run a Business on Property	# of Stories  1-Story 1-Story + Loft 2-Story	Foundation  Basement Foundation  Slab	bedrooms on property  □ 1 □ 2	Sewer, Is or Will be Municipal/C (New) Sanita Sanitary (Exi	/Sanitary System(son the property or e on the property?  City  ary Specify Type:  ists) Specify Type:  Vaulted (min service contract)		Water on property  City
of Completion * include donated time & material	□ New Construction □ Addition/Alteration □ Conversion □ Relocate (existing bldg) □ Run a Business on	# of Stories  1-Story 1-Story + Loft 2-Story	Foundation  Basement Foundation  Slab Use	bedrooms on property  □ 1 □ 2	Sewer, Is or Will be Municipal/C (New) Sanita  Sanitary (Exi	/Sanitary System(son the property or e on the property?  City  ary Specify Type:  ists) Specify Type:  Vaulted (min service contract)		Water on property  City
of Completion * include donated time & material  \$ 85, 600  Assessed Value	□ New Construction □ Addition/Alteration □ Conversion □ Relocate (existing bldg) □ Run a Business on Property	# of Stories  1-Story 1-Story + Loft 2-Story	Foundation  Basement Foundation Slab Use Year Round	bedrooms on property  1 2 3 None	Sewer, Is or Will be Municipal/C (New) Sanita  Sanitary (Exi Privy (Pit) C Portable (w/ Compost To None	/Sanitary System(son the property or e on the property?  City  ary Specify Type:  ists) Specify Type:  Vaulted (min service contract)		Water on property  City
s 85,600  Assessed Value  Existing Structure	□ New Construction □ Addition/Alteration □ Conversion □ Relocate (existing bldg) □ Run a Business on Property □ STR	# of Stories  1-Story 1-Story + Loft 2-Story	Foundation  Basement Foundation  Slab Use Year Round  Ifor) Length:	bedrooms on property  □ 1 □ 2	Sewer, Is or Will be Municipal/C (New) Sanita  Sanitary (Exi Privy (Pit) C Portable (w/ Compost To None	/Sanitary System(son the property or e on the property?  City  ary Specify Type:  ists) Specify Type:  Or Uaulted (minimary System)  istervice contract)	200 gallon)	Water on property City
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s 85,600  Assessed Value  Existing Structure	□ New Construction □ Addition/Alteration □ Conversion □ Relocate (existing bldg) □ Run a Business on Property □ STR	# of Stories  1-Story 1-Story + Loft 2-Story	Foundation  Basement Foundation  Slab Use Year Round  Ifor) Length:	bedrooms on property  1 2 3 None	Sewer, Is or Will be Municipal/C (New) Sanita  Sanitary (Exi Privy (Pit) C Portable (w/ Compost To None  Width:	/Sanitary System(son the property or e on the property?  City  ary Specify Type:  ists) Specify Type:  Or Uaulted (minimary System)  istervice contract)	200 gallon)	Water on property City
s 85,600  Assessed Value  Existing Structure	□ New Construction □ Addition/Alteration □ Conversion □ Relocate (existing bldg) □ Run a Business on Property □ STR  Ire: (if addition, alteration or but truction: (overall dimension)	# of Stories  1-Story 1-Story + Loft 2-Story	Foundation  Basement Foundation  Slab Use Year Round Length: Length:	bedrooms on property  1 2  None	Sewer, Is or Will be Municipal/C (New) Sanita  Sanitary (Exi Privy (Pit) C Portable (w/ Compost To None  Width:	/Sanitary System(s the property or e on the property? City ary Specify Type: ists) Specify Type:  Vaulted (min is service contract) ilet  Heig	200 gallon)	Water on property City  SAWell
s 85,600  Assessed Value  Existing Structu  Proposed Const	□ New Construction □ Addition/Alteration □ Conversion □ Relocate (existing bldg) □ Run a Business on Property □ STR  Ire: (if addition, alteration or bitruction: (overall dimension)	# of Stories  1-Story 1-Story + Loft 2-Story	Foundation  Basement Foundation  Slab Use Year Round  Ifor) Length:	bedrooms on property  1  2  3  None	Sewer, Is or Will be Municipal/C (New) Sanita  Sanitary (Exi Privy (Pit) C Portable (w/ Compost To None  Width:	/Sanitary System(son the property or e on the property?  City  ary Specify Type:  ists) Specify Type:  Or	200 gallon)	Water on property City  SAWell

Proposed Use	1	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	( X )	
		Residence (i.e. cabin, hunting shack, etc.)	( X )	
Kesidential Use		with Loft	( X )	
		with a Porch	( x )	
		with (2 <sup>nd</sup> ) Porch	( X )	-
		with a Deck	( x )	
Commercial Use		with (2 <sup>nd</sup> ) Deck	1 MXCOLO	
- commercial ose		with Attached Garage	(\\mux c)	
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	(4 x 4 4)	
		Mobile Home (manufactured date)	( x )	-
☐ Municipal Use		Addition/Alteration (explain)	( X )	
		Accessory Building (explain)	( X )	
		Accessory Building Addition/Alteration (explain)	( x )	7 A
	¥	Special Use: (explain) GHOVET TEN M RENDAL	(36 x 28)	1000
		Conditional Use: (explain) Loft 20 × 28 = 560	$\frac{1}{1}$ $\frac{x}{x}$ $\frac{7}{1}$	1008
, 17		Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) are result of Bayfield County relying on this information I (we) are (us) and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a property at any reasonable time for the nursors of inspection.

property at any reasonable time for the purpose of inspection.	ry ordinances to have access to the above described
Owner(s):	Date
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  Authorized Agent:  (See Note below)  (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	Date (2) 1/2/
Address to send permit	Attach Copy of Tax Statement

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

(1) Show Location of:(2) Show / Indicate:

Proposed Construction

North (N) on Plot Plan

Fill Out in Ink - NO PENCIL

(3) Show Location of (\*):(4) Show:

(\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road)

(5) Show:

All Existing Structures on your Property

(6) Show any (\*):

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

#### Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measureme		Description	Setback Measurements	
Setback from the Centerline of Platted Road	226	Feet	Setback from the <b>Lake</b> (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	193	Feet	Setback from the River, Stream, Creek	-	Feet
october 11 or and an analysis of the			Setback from the Bank or Bluff		Feet
Setback from the <b>North</b> Lot Line	214	Feet			
Setback from the <b>South</b> Lot Line	193	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	73	Feet	20% Slope Area on the property	☐ Yes	□ No
Setback from the <b>East</b> Lot Line	96	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	20	Feet	Setback to <b>Well</b>	10	Feet
Setback to Drain Field	-	Feet			
Setback to Privy (Portable, Composting)	_	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resource service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 48666	# of bedrooms: 4	Sanitary Date: 11-3-83		
Permit Denied (Date):	Reason for Denial:				
Permit #: 32-006	Permit Date: 2-8-2036				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes (Deed of Record  Guerry 1988 (Fused/Contigue)  Yes (Pused/Contigue)	ous Lot(s))		Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No		
Granted by Variance (B.O.A.)  ☐ Yes		Previously Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:			
Was Parcel Legally Created Was Proposed Building Site Delineated  Yes □ No		perty Lines Represented by Owner Was Property Surveyed	Yes O No O No		
Inspection Record: Existing cabin for	eposed for short -	term rental.	Zoning District ( F ( ) Lakes Classification ( — )		
Date of Inspection: 4 - 3 - 19	Inspected by: Todd Non		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attac					
Must obtain a forrist room housing license print to centing.					
Signature of Inspector: Todal Notwo	de la company de		Date of Approval: 1-31-22		
Hold For Sanitary:  Hold For TBA:  Hold For TBA:	Hold For Affidavit: 🗌	Hold For Fees:			

®®January 2000 (®August 2021)

### TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

#### When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138

Fax – (715) 373-0114 e-mail: zoning@bayfieldcounty.org Website: www.bayfieldcounty.org/147

Date Zoning Received (Stamp Here)

DEC 17 2021

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 ½ x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner THOMAS LOOVETA Contra	ctor
Property Address 89115 E Romans Potat Author	
Hankson	Telephone 715 - 774 - 38 49
Telephone 309 - 314 - 1947 Writter	
Accurate Legal Description involved in this request (specify only the	
1/4 of 1/4, Section 29_, Township 5 N., Rang	
Govt. Lot Lot Block Subdivision	
Volume Page of Deeds Tax I.D# 77103	Acreage 2-017
Additional Legal Description: PAN # 10 IN COST LO	TIN 2016R-5649/04 451D
Applicant: (State what you are asking for) Zoning District: 1	Lakes Classification
SPECTAL USE PENMET FOR	
	TO LOUISANISM SERVICE CONTROL OF THE
L	
We, the Town Board, TOWN OF Bell	, do hereby recommend to
We, the Town Board, <i>TOWN OF_BeU</i> ☐ Table  ☐ Approval	, do hereby recommend to
☐ Table ☑ Approval  Have you reviewed this for Compatibility with the Comprehensive	☐ Disapproval e and/or Land Use Plan: ☐ Yes ☐ No
☐ Table ☐ Approval  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recommendation)	☐ Disapproval  e and/or Land Use Plan: ☐ Yes ☐ No
☐ Table ☑ Approval  Have you reviewed this for Compatibility with the Comprehensive	☐ Disapproval  e and/or Land Use Plan: ☐ Yes ☐ No
☐ Table ☐ Approval  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recommendation)	☐ Disapproval e and/or Land Use Plan: ☐ Yes ☐ No
□ Table  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recomment  Fits with C.P. Mousing element	☐ Disapproval e and/or Land Use Plan: ☐ Yes ☐ No
Table  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recomment  Fits with C.P. Mousing element  ** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:	☐ Disapproval  le and/or Land Use Plan: ☐ Yes ☐ No  lidation of tabling, approval or disapproval)
Table  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recomment  Fits with C.P. Mousing element  ** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:  1. The Tabled, Approval or Disapproval box checked  2. The Town's reasoning for the tabling, approval or disapproval	□ Disapproval  e and/or Land Use Plan: ☑ Yes □ No  idation of tabling, approval or disapproval)  Signed:
Table  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recomment  Fits with C.P. Mousing element  ** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:  1. The Tabled, Approval or Disapproval box checked  2. The Town's reasoning for the tabling, approval or disapproval  3. The form returned to Zoning Department not a copy or fax	□ Disapproval e and/or Land Use Plan: ☑ Yes □ No idation of tabling, approval or disapproval)  Signed: Chairman:
Table  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recomment  Fits with C.P. Mousing elbernant  ** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:  1. The Tabled, Approval or Disapproval box checked  2. The Town's reasoning for the tabling, approval or disapproval  3. The form returned to Zoning Department not a copy or fax  ** NOTE:	Disapproval e and/or Land Use Plan: Yes No idation of tabling, approval or disapproval)  Signed: Chairman: Supervisor:
Table  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recomment  Fits with C.P. Musing element  ** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:  1. The Tabled, Approval or Disapproval box checked  2. The Town's reasoning for the tabling, approval or disapproval  3. The form returned to Zoning Department not a copy or fax  ** NOTE:  Receiving Town Board approval, does not allow the start	Disapproval  e and/or Land Use Plan: Yes No  idation of tabling, approval or disapproval)  Signed: Chairman: Supervisor: Supervisor: Supervisor:
Table  Have you reviewed this for Compatibility with the Comprehensive  Township: (In detail clearly state Town Board's reason for recomment  Fits with C.P. Mousing elbernant  ** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:  1. The Tabled, Approval or Disapproval box checked  2. The Town's reasoning for the tabling, approval or disapproval  3. The form returned to Zoning Department not a copy or fax  ** NOTE:	Disapproval  e and/or Land Use Plan: Yes No  idation of tabling, approval or disapproval)  Signed: Chairman: Supervisor: Supervisor: Supervisor: Supervisor:

### Bayfield County, WI





November 22, 2021

To Whom It May Concern:

I am writing to inform you that I am granting permission to Erin Hutchinson & Bark Point Ventures to provide property management services to me for my property at 89115 E Roman's Point Road, Herbster, WI 54844.

Bark Point Ventures is authorized to act as my agent for the activities related to management of our vacation rental property, including, but not limited to communication and coordination with state & local government and agencies as needed to secure and renew permits.

Please contact me at 309-314-1944 with any questions.

Thank you,

Tom Goveia

Thomas Jana

William Goveia

William Govin

Patricia Cummings Patricia Cummings

\* 2 0 1 6 R - 5 6 4 9 6 4 3 \*

#### 2016R-564964

PATRICIA A OLSON
BAYFIELD COUNTY, WI
REGISTER OF DEEDS
08/26/2016 09:30AM
TF EXEMPT #: 9
RECORDING FEE: 30.00

PAGES: 3

Return to Sperry J. Pepping, Attorney 105 7th St, Silvis IL 61282

#### TRUSTEE'S DEED

Billing address: 208 39th St. Moline, IL 61265

PIN 04-010-2-51-06-29-4 05-001-30000

THIS INDENTURE, made this 25# day of May, 2016, between **THOMAS E. GOVEIA**, as trustee under the provision of a deed or deeds in trust duly recorded and delivered to Florence E. Goveia, now deceased, as successor trustee, in pursuance of a trust agreement dated the 15<sup>th</sup> day of December, 1991, and known as the **FLORENCE E. GOVEIA REVOCABLE TRUST**, Grantor, Party of the first part, and

THOMAS E. GOVEIA

whose address is 208 39th Street, Moline, IL 61265

and WILLIAM H. GOVEIA

whose address is 4808 52<sup>nd</sup> Avenue, Moline, IL 61265

and PATRICIA CUMMINGS

Parties of the second part.

WITNESSETH, that said party of the first part, in consideration of the sum of One Dollar (\$1.00), and other good and valuable considerations in hand paid, receipt of which is hereby acknowledged, does hereby GRANT, SELL AND CONVEY unto the said **Thomas E. Goveia, Patricia Cummings and William H. Goveia as tenants in common**, Parties of the second part,

the following described real estate in the County of Bayfield and State of Wisconsin, to-wit:

SEE ATTACHED LEGAL DESCRIPTION

THIS DOCUMENT IS EXEMPT FROM eRTR and fees per §77.25(9) Wis. Stats.

TO HAVE AND TO HOLD the said premises with the appurtenances thereunto upon the trusts and for the uses and purposes herein and in such trust agreement set forth.

This deed is executed pursuant to and in the exercise of the power and authority granted to and vested in said trustee by the terms of said deed or deeds in trust delivered to said trustee in pursuance of the trust agreement above mentioned. This deed is made subject to the lien of every trust deed or

mortgage (if any there be) of record in said county given to secure the payment of money, and remaining unreleased at the date of the delivery hereof.

And said grantor hereby expressly waives and releases any and all right or benefit under and by virtue of any and all statutes of the State of Wisconsin, providing for the exemption of homesteads from sale on execution or otherwise.

IN WITNESS WH	EREOF, the grantor aforesaid, 2016.	has hereunto set his hand and seal this 25
		Thomas & Sury
		Thomas E. Goveia, as trustee of the Florence E. Goveia Trust dated 12/15/99
STATE OF ILLINOIS	)	
ROCK ISLAND COUNTY	) SS.	

I, the undersigned, a Notary Public, in and for said County and State aforesaid, DO HEREBY CERTIFY, that Thomas E. Goveia, not individually, but as successor Trustee of the Florence E. Goveia Trust dated 12/15/99, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this\_

JERRY J. PEPPING TY PUBLIC - STATE OF ILLINOIS

Notary Public

Future Taxes to:

208 39th Street Moline, IL 61265 Prepared by and

Return this Document To: Jerry J. Pepping, Attorney

105 7<sup>th</sup> Street, Silvis, IL 61282

V1165 P674

#### SCHEDULE A

A parcel of land in Lot 1, Section 29, Township 51 North, Range 6 West, described as follows:

Beginning at an iron pipe on the west line of said Lot 1, which is 250 feet S. 2° 57' East of the northwest corner thereof; thence N. 86° 45' East 200 feet to an iron pipe; thence S. 2° 57' East 313.2 feet to an iron pipe; thence S. 30° 00' East 78.7 feet to an iron pipe; thence S. 32° 19' West 123.6 feet to an iron pipe; thence N. 56° 00' West 206.1 feet to an iron pipe on the west line of said Government Lot; thence N. 2° 57' West along said West line 359.3 feet to the point of beginning, with the right to use, with others, the swimming beach located in Government Lot 1, Section 32-51-6 West and described as follows: Commencing at an iron pipe on the west line of said Lot 1, which is 375 feet S. 2° 57' East of the northwest corner thereof; thence N. 87° 10' East 790 feet, more or less (passing through iron pipes at 660 feet and 750.8 feet) to the shore of Lake Superior, which is the point of beginning; thence from said point of beginning by metes and bounds: S. 87° 10' West 129.8 feet (passing through an iron pipe at 39 feet more or less) to an iron pipe; thence N. 2° 50' West (passing through an iron pipe at 10 feet) 175 feet to an iron pipe; thence N. 87° 10' E. (passing through an iron pipe at 90.4 feet) 110 feet to the shore of Lake Superior; thence southerly along said shore175 feet, more or less to the point of beginning.

V1165 P675

#### Real Estate Bayfield County Property Listing

Today's Date: 1/31/2022

**Property Status: Current** 

Created On: 3/15/2006 1:15:02 PM

Description Tax ID:

Updated: 5/2/2019

7763

04-010-2-51-06-29-4 05-001-30000

Legacy PIN: Map ID:

PIN:

Municipality:

(010) TOWN OF BELL S29 T51N R06W

010106007000

STR: Description:

PAR #6 IN GOVT LOT 1 IN DOC 2016R-

564964 451D

Recorded Acres: Calculated Acres:

2.020 2.017 Lottery Claims: 0 Yes

First Dollar: Zoning:

(F-1) Forestry-1

ESN:

107

Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
010	TOWN OF BELL
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE

Recorded Documents TRUSTEES DEED

Date Recorded: 8/26/2016 2016R-564964 1165-673

**☐** CONVERSION Date Recorded:

368-410

Updated: 3/15/2006

Ownership Updated: 5/2/2019 THOMAS E GOVEIA

**WILLIAM H GOVEIA PATRICIA CUMMINGS**  MOLINE IL MOLINE IL MOLINE IL

**Billing Address: Mailing Address:** THOMAS E GOVEIA **THOMAS E GOVEIA** 208 39TH ST 208 39TH ST MOLINE IL 61265 MOLINE IL 61265

Site Address \* indicates Private Road

89115 E ROMANS POINT RD

HERBSTER 54844

Property Assessment	Updated: 9/10/201						
2021 Assessment Detail							
Code	Acres	Land	Imp.				
G1-RESIDENTIAL	2.020	22,600	85,600				
2-Year Comparison	2020	2021	Change				
Land:	22,600	22,600	0.0%				
Improved:	85,600	85,600	0.0%				
Total:	108,200	108,200	0.0%				



N/A

Paul Zickert  Illinois  Winnebago County, Wisconsin,	THIS SPACE RESERVED FOR RECORDING DATA REGISTER'S OFFICE Bayfield County, Wis.  RECORDED AT 3:22 P.M.  ON SEP 1 0 1982 IN  Vol. 368 of Rec., Page 410
hereby conveys and warrants to. Edward Goveia and Florence Goveia, his wife, as joint tenants	Otto Korpela
grantee S of Rock Island County, WN光光光 for the sum of Illinois	REGISTER OF DEEDS
One dollar and other valuable considerations	Pd 4.00 T+x 9.00 18

William William Control

A parcel of land in Gov. Lot #1, Section 29, Township 51 N., Range 6, West, described as follows:

Beginning at an iron pipe on the West line of said lot #1, which is 250 fast South 2057' East of the northwest corner thereof; thence North 860 45' Bast 200 feet to an iron pipe; thence South 2057' East 313.2 feet to an aron ripe; thence South 30 00' East 78.7 feet to an iron pipe; thence South 32 19' West 123.6 feet to an iron pipe; thence North 56 00' West 206.1 feet to an iron pipe on the West line of said Gov. Lot #1; thence North  $2^{\circ}57'$  West along said west line 359.3 feet to the Point of Beginning, with the right to use, with others, the swimming beach located in Gov. Lot. #1, Section 32, Township 51 N. Range 6 West, and described as follows: Commencing at an iron pipe on the West line of said Gov. Lot 1, which is 375 feet South 2 57' East of the Worthwest corner thereof; thence North 87<sup>0</sup>10' East 790 feet, more or less, (passing throjgh an iron pipe at 660 feet and at 750.8 feet) to the shore of Lake Superior, which is the Point of Beginning by metes and bounds; South 87010' West 129.8 feet, (passing through an iron pipe at 39 feet, more or less) to an iron pipe; thence North 2 50' West, (passing through an iron pipe at 10 feet) feet to an iron pipe; thence North 87°10' East. (passing through an iron pine at 90.4 feet) 110 feet to the shore of Lake Superior; thence southerly along said shore 175 feet, more or less, to the Point of

TRANSFER \$ 9.00 FEE

In Witness Whereof, the said grantor ha S	hereunto sethis
SHONED AND SEALED IN PRESENCE OF	(SEAL.)
	Paul Zickert (SEAL)
· · · · · · · · · · · · · · · · · · ·	(SEAL)

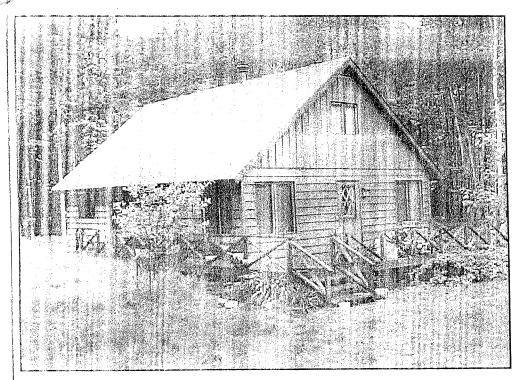
#### PHOTOGRAPH ADDENDUM

ost Roman's Point Road
County Bayfield

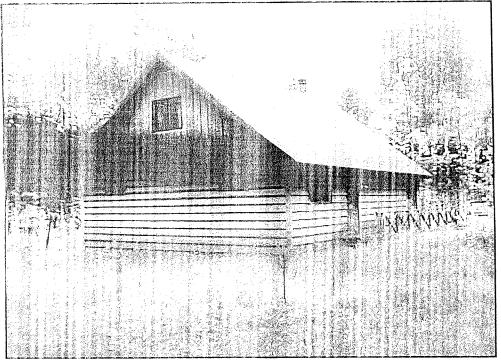
WI

Zip Code 54827

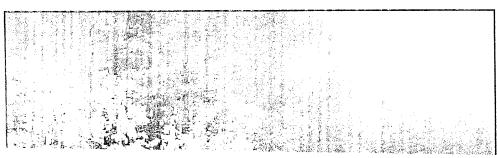
cronce Goveja



FRONT VIEW OF SUBJECT PROPERTY



**REAR VIEW OF** SUBJECT PROPERTY



STREET SCENE OF SUBJECT PROPERTY

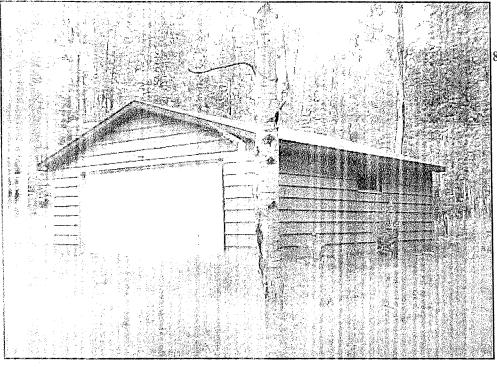


east Roman's Point Road

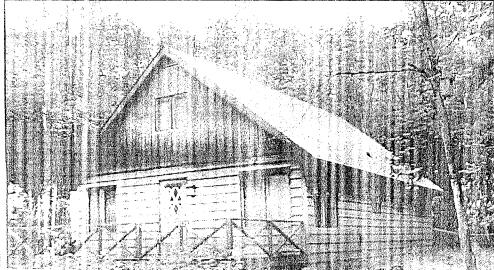
.copia county Bayfield Silvent Florence Goveia

Zip Code 54827

99194gov



89115 EAST ROMAN'S POINT ROAD GARAGE VIEW



89115 EAST ROMAN'S POINT ROAD SIDE VIEW 1

## Google Maps 89115 E Romans Point Rd



Imagery ©2019 Google, Map data ©2019 Google

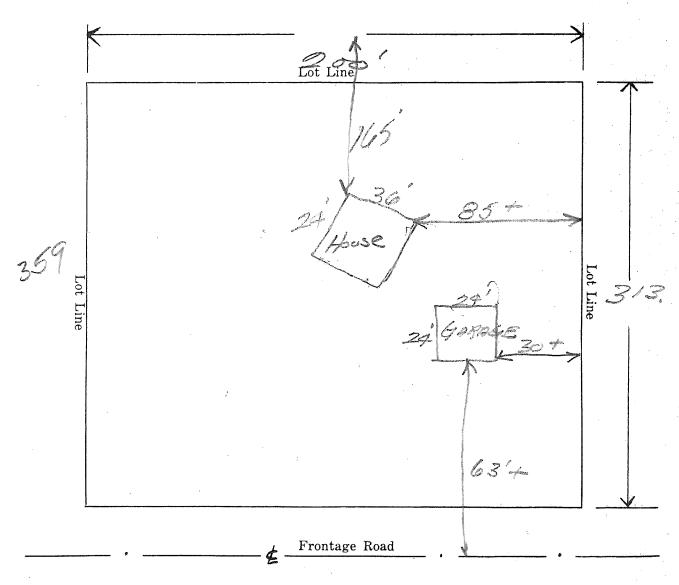
100 ft

## APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

	201	10 EH 11900	Application No. 5888
2/07/2	prage SEPT	EH 11500	Date 7-11-83
Solpes.	-/-	a de la companya de l	Zoning District
LAND USE	SANITARY	WELL	CONDITIONAL
Land: 1/4 of	1/4 of Sec. 27_ T. 5	/_N. R W.	Town of 8-22
Volume Page	of Deeds.	Fire Number	
Name EDWARD	900 C/4	Contractor	
Address 47 Black	Stank Still Cort	Plumber	
Telephone Box + Is/a	nd, III. 10120	Well Driller	
A STATE OF THE PROPERTY OF THE	14/71807% up on unwentered a facilitation of the control of the co		
Basement — Yes	No -	Square Feet of Flo	oor Space
Estimated Cost of Construction			oor Space
Structure Use			
	(Residence, Garage, Stora		Etc.)
Sanitary — Septic Tank & Dis	posal Field	Privy	Holding Tank
Remarks:			
Fee: \$		A	Amount Paid: \$ 11 - Man
I, the undersigned, attest that	the information contained I	porein is goovern and the	
I, the undersigned, attest that	the information Contained L	porein is goovern and the	ue.
I, the undersigned, attest that	the information Contained L	porein is goovern and the	ue.
I, the undersigned, attest that Owner (or Agent) Address (if different from abo Note: Submit completed applie start construction until proved by the Zoning I mation conveyed herew	ve) cation and fee to: Zoning D all permits have been reco Department. A permit may ith is found to exist. Zoning	Department, Courthouse, eived by the applicant. To be revoked if misrepress of the property of	Washburn, WI 54891. Do not Changes in plans must be ap-
I, the undersigned, attest that Owner (or Agent) Address (if different from abo Note: Submit completed applie start construction until proved by the Zoning I mation conveyed herew	ve) cation and fee to: Zoning D all permits have been reco Department. A permit may ith is found to exist. Zonin  PLEASE CO	Department, Courthouse, eived by the applicant. be revoked if misreprog Department: (715) 3	Washburn, WI 54891. Do not Changes in plans must be ap- esentation of any of the infor- 73-2392 or 373-2878.
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I, the undersigned, attest that Owner (or Agent) Address (if different from abo Note: Submit completed applie start construction until proved by the Zoning I mation conveyed herew  APPLICANT  Permit issued: Date //-3-83  Reason for Denial: Inspection Record:	ve)  cation and fee to: Zoning D all permits have been reco Department. A permit may ith is found to exist. Zonin  PLEASE CO  OFFICE  Permit Number 50	Department, Courthouse, eived by the applicant. The revoked if misreprose Department: (715) 3  DMPLETE  USE ONLY —  State Sani BBB — Permit Den	Washburn, WI 54891. Do not Changes in plans must be appearation of any of the infor-73-2392 or 373-2878.  REVERSE SIDE  tary Number 49666  ied (Date)

- 1. Using the frontage road as a guideline, fill in the lot dimensions and indicate North (N)
- 2. Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank, and drain field.
- 4. Show the location of any lake, river or stream if applicable.
- 5. Show dimensions in feet on the following:
  - a. building to all lot lines
  - b. building to centerline of road
  - c. building to lake, river, or stream
  - d. septic tank to closest lot line
  - e. septic tank to building
  - f. septic tank to well
  - g. septic tank to lake, river, or stream
  - h. drain field to closest lot line
  - i. drain field to building
  - j. drain field to well
  - k. drain field to lake, river, or stream
  - l. well to building



Indicate whether or not the following locations are staked:

Structure	Yes	No	Drain Field	Yes	No
Septic Tank	Yes	No	Well	Yes	No

10: BAILTEDD COONTY ZONING COMMILTEE
FROM: BELL TOWN BOARD
SUBJECT: TOWN BOARD RECOMMENDATION
**************************************
We, the Town Board, Town of BECC,
do hereby recommend the approval / disapproval
of the issuance of a permit to
whose property is located in the have of applicant)
Section 29, Township 5/ North, Range 6 West.
For Residence
(State what applicant is requesting)
(10000 mide applicate is requesting)
Because
(State reason for recommendation of approval or disapproval
•
Signed,
Town Board
()B) ()
Chairman Justen Mun
Suppose Control of the Control of th
Supervisor That I what
Supervisor June 1907
Clerk // m//
Dated:

DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS



#### APPLICATION FOR SANITARY PERMIT (PLB 67)

EH115#



P.O. MADISON, WI

SAFE

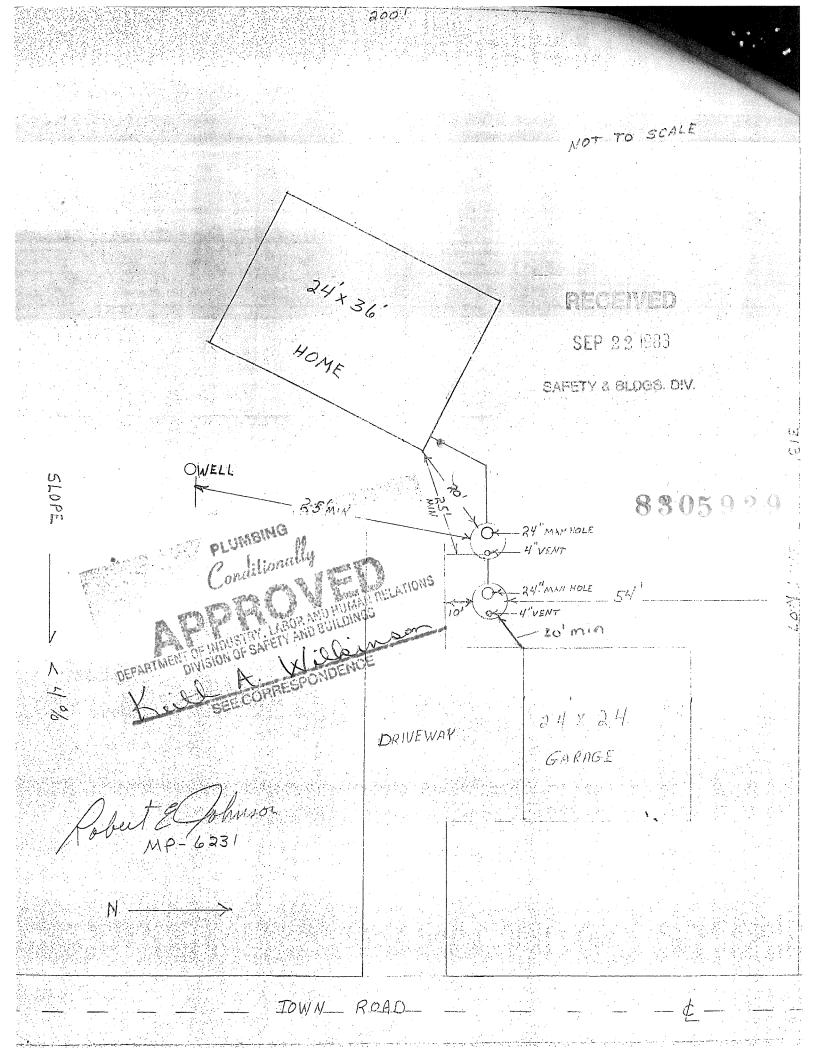
Attach plans for the system on paper not less than 8½ x 11 inches in size. Include a plot plan that is dimensioned or drawn to scale. Horizontal and vertical elevation reference points must be shown. All appropriate separating distances and physical characteristics as specified in chapter H-63, Wis. Adm. Code, must be shown. An index page or each page must be signed, sealed and dated by the designer. If designed by a Master Plumber, the date, signature and license number must be shown. A legible reproduction of the soil test report or the owner's copy must be included.

Property Owne					Moiling Addr		<del></del>	······································				
in the second se					Mailing Address:  47 BLACKHAWK HILL CT. ROCK ISLAND, ZLL  City, Village or Township:  County:							
EDWARD GOVEIA Property Location:					4/ BLIS	CKHAU	2K /	FILL CT,	KOCK I	SLAND.	,ZLL	
		A			City, Village	^			arth.			
SU 1451 Lot Number:	三/43 <i>分</i> IBIK No.:	7/15/	N/H 6 A	(or) vv		BELL	<del></del>		BAYE	LELD		
date Hall								Plan I.D. Nu	mber:			
TOWN ROAD												
TYPE OF BUIL	DING			·		i		and the second				
								Number				
						Bedrooms:						
🖾 1 or 2 Family *State Approval Required.												
			TOTAL GALLONS	NUMBER OF TANKS	PREFAB	POURED-IN PLACE	STEEL	FIBERGLASS	NEW INSTALLATION	REPLACE-	OTHER	
SEPTIC TANK	CAPACIT	Υ.			OOMONETE	TEACE	<b></b>		INSTALLATION	MENT	(Specify)	
HOLDING TA			1000	2	X.		ļ	<u> </u>		<del></del>	<del>                                     </del>	
LIFT PUMP TA			1000		<del> </del>		-	<b> </b>	X			
MANUFACTU		<del></del>	SCAR		<u> </u>	L	L	L				
EFFLUENT DIS			SCAS_									
PERCOLATIO			NAREA	1	<del></del>		<del></del>					
(Minutes per	inch):	PROPOSE	O (Square feet)	: New	🗀 Repla	cement [	Exper	rimental 🔲	Seepage Bed	☐ Seepag	e Pit	
				☐ Alter	native (speci	fy)				Seepage Ti		
144												
Water Supply:		<u></u>	Owner's	Name as Liste	ed on Soil Tes	t Report (If ot	her than	present owner)	:			
Private	Joir	it 🗌 Pub	ic _	OWAK.	PGO	UEIA	<u> </u>					
			-					144				
I the underside	aned here	hy assume	responsibility	for inetalla	tion of the r	orivato coma	a cyctor	n shown on th	ne attached plan			
						onvate sevvay	c systei	ii žiiowii oli ti	ie attacheu piai	15.		
Name of Plumb	er:	1		Signature:	1	7/		MP	/MPRSW No.: P	hone Number	••	
KUBERT	Jan. (	DOHM	SON	Take	1 %	Johns	er-i		6231	7157373	3-5411	
Plumber's Addr	ress:			<del></del>	-			ame of Designer				
2212	ND A	VF E	ILJA:	SHBUR	W, WI	<:	1					
			la sa I s		111111111111111111111111111111111111111			<del></del>	***************************************			
					/NEDADTI	Berlie Ha		8 9/				
		•		COOMIY	DEPART	MENT US	E ON	LY				
Signaturé of Iss	suing Agent			Fee:	Da	te:	· T · f	7	Sanitary	Permit Num	her:	
A los	406 1	K. Hoe	1 / 1	\$21.	Q.C.	11-3-83	3   4	APPROVED		1866		
Reason for Disa			<u> </u>	63.		11 0 6 6		DISAPPROV	/ED "	1000		
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Alternate cours	ole) of Ast	ion Available						i	-			
Alternate Cours	regar of MCL	ion Available										
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Change of ownership, building use or plumber requires a Sanitary Permit Transfer Form (67-T) to be submitted to the county prior to installation. Failure to comply will void the sanitary permit.

DISTRIBUTION: White-County, Canary-Bureau of Plumbing, Pink-Owner, Goldenrod-Plumber

**JILHR-SBD-6398 (R.07/81)** 



### Real Estate Bayfield County Property Listing

7763

Today's Date: 4/5/2019

Description

Tax ID:

PIN:

**Property Status: Current** 

Mailing Address:

MOLINE IL 61265

GOVEIA

208 39TH ST

**EDWARD & FLORENCE** 

Ownership

**GOVEIA** 

208 39TH ST

Created On: 3/15/2006 1:15:02 PM

**EDWARD & FLORENCE GOVEIA** 

**Billing Address:** 

MOLINE IL 61265

**EDWARD & FLORENCE** 

Updated: 12/27/2016 MOLINE IL

Legacy PIN: 010106007000 Map ID: Municipality: (010) TOWN OF BELL

STR: \$29 T51N R06W Description:

PAR #6 IN GOVT LOT 1 IN V.368 P.410 451D

04-010-2-51-06-29-4 05-001-30000

Recorded Acres: 2.020 Calculated Acres: 2.017 Lottery Claims: 0

First Dollar: Yes Zoning: (F-1) Forestry-1

ESN: 107

**Tax Districts** 

 $\overline{1}$ 

04

010

044522

001700

-	Site	Address	* indicates	Private Road
89:	115 E	ROMANS	POINT RD	

HERBSTER 54844

Property Assessment		Updated: 9/10/2015					
2019 Assessment Detail							
Code	Acres	Land	Imp.				
G1-RESIDENTIAL	2.020	22,600	85,600				
2-Year Comparison	2018	2019	Change				
Land:	22,600	22,600	0.0%				
Improved:	85,600	85,600	0.0%				
Total:	108,200	108,200	0.0%				

## Property History

#### Recorded Documents

Updated: 3/15/2006

Updated: 3/15/2006

SCHL-SOUTHSHORE

TECHNICAL COLLEGE

TOWN OF BELL

Updated: 12/27/2016

CONVERSION Date Recorded:

Grantee: EDWARD & FLORENCE GOVEIA

368-410

STATE

COUNTY

Sale Price: 0

0 Acres

368-410 Paul Zickert -> borcia (1982) -> Ellers -> Zicker+ (1966) 200 - 436 100-513 West line iron pipe NE 50 313.2 ft

LAND USE - X
SANITARY - #83-48666 (4-bedroom)
SIGN SPECIAL - X (Town of Bell - 12/17/2021)
CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	22	22-0016			Issued To: Thomas Goveia (Wm Goveia						& Patricia Cummings)				
Locatio	n:	1/4	of	1/4	Section	29	Township	51	N.	Range	6	W.	Town of	Bell	
Par #6 Gov't Lo			Lot	-	Ble	ock	Su	bdivisio	on				CSM#		
For: O  Condit		Mus	(Disclarate obtain	aimer): n a Tou	Any futur	e expan	dence (36') sions or development ousing Lice stic system	nse fr	would om t	require add	dition	al perm	itting.	Dept. prior to	
NOTE:	-	rmit expi	res one ye	ar from c			ne authorized co					То	dd Norwo	ood, AZA	
	Change	s in plar	·	ications			rithout obtaining ation information					Aut	thorized Iss	uing Official	
to have been misrepresent									February 8, 2022						
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.					Date										

not completed or if any conditions are violated.

LAND USE - X SANITARY - 22-03S SIGN -SPECIAL - NA CONDITIONAL -BOA -

# BAYFIELD COUNTY PERMIT

## WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

Issued To: KARSTON LAMONT & CYNTHIA Tax ID: 7539 No: 02142201-2022 **ANN ANDERSON** Township 50 N. Range 06 W. **BELL** Location: LOT 2 OF CSM #880 IN V.6 P.45 Section 22 (LOCATED IN NE NW) IN DOC 2017R-570718 **Subdivision:** Lot **Block** CSM# 880 Govt Lot 0 For Residential / Other / 24L x 14W x 20H, Porch: 20L x 8W x9H Condition(s): Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction, if required. Must meet and maintain setbacks. NOTE: This permit expires one year from date of issuance if the authorized **Todd Norwood** construction work or land use has not begun. **Authorized Issuing Official** Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the Wed Feb 23 2022 application information is found to have been misrepresented, erroneous, or incomplete. Date This permit may be void or revoked if any performance conditions are

(Diadainan). Ann futura armanaiana ay daradannant na mina additianal na maith

LAND USE - X
SANITARY - 21-124S
SIGN SPECIAL - NA
CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

## WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

No: 02012202-2022 Tax ID: 38439			139	Issued To: D 9 TRIANGLES TRUST				
IN DO	on: PAR IN NE SE & NW S C 2019R-579223 LESS LO IN V.12 P.339 (MFL)		Township 51 N.	Range 06 W.	BELL			
Govt L	ot 0 Lot	В	lock	Subdivision:	CSM# 2156			
For. Re	esidential / Other / 32L x 3	2W x 28H, Porch: 6L x 14	4W x10H, Deck: 11L x 14	W x0H				
constr with th on the Deck: Covere	uction, if required. Must r	neet and maintain setbac oint, exclusive of chimne les:	ks. Structure must be 35	oft or less in height from	ion agency prior to start of its lowest point of intersection mit is for additions as identified			
NOTE:	This permit expires one construction work or lan	ear from date of issuand d use has not begun.	e if the authorized	Todd	Norwood			
		•		Authorized	l Issuing Official			
Changes in plans or specification obtaining approval. This perication information is four erroneous, or incomplete.		permit may be void or res s found to have been mis	voked if any of the	Tue Fe	eb 22 2022			
		<b>).</b>		Date				
	/n:_	-1-:			:aa:			